

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445380	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF HIXSON			STREET ADDRESS, CITY, STATE, ZIP CODE 6798 HIXSON HOME PLACE HIXSON, TN 37343		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 017 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure that fire walls were capable to resist the passage of smoke.</p> <p>The findings include:</p> <p>Observation on September 17, at 3:20 p.m. revealed unsealed penetrations in the one (1) hour fire wall.</p> <p>The finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on September 17, 2012.</p>	K 017	<p>K017</p> <ol style="list-style-type: none"> 1. Maintenance repaired unsealed penetration in the one hour fire wall. 2. All other one hour fire walls were inspected for penetrations by the maintenance staff and none were found. 3. The Maintenance Director conducted an educational in-service to the maintenance staff regarding the importance of full inspection of the one hour fire walls for penetrations. The maintenance director or designee will inspect the one hour fire walls for penetrations once per month for three months and once per quarter to ensure compliance. 4. The maintenance director will report his inspection results to the Quality Assurance Committee for three months. The Executive Director will monitor for compliance. 	10/19/2012	
K 043	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 043		10/19/2012	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Smarsigale

Executive Director

9/28/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 043 SS=D	<p>Continued From page 1</p> <p>Patient room doors are arranged so that the patient can open the door from inside without using a key. (Special door locking arrangements are permitted in mental health facilities.) 19.2.2.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure that delayed egress doors had proper signage.</p> <p>The findings include:</p> <p>Observation on September 17, 2012 at 12:00 p.m. revealed that the facilities delayed egress doors did not have the required signage posted on the doors.</p> <p>The finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on September 17, 2012.</p>		K 043	<p>K043</p> <ol style="list-style-type: none"> 1. Facility assured that delayed egress doors have proper signage. 2. Maintenance director audited all delayed egress doors for signage and corrected where indicated. 3. The maintenance director conducted an educational in-service to the maintenance staff regarding the requirement of signage for delayed egress doors. The maintenance director or designee will inspect delayed egress door signage monthly for three months to ensure continued compliance. 4. The maintenance director will report his inspection results to the Quality Assurance Committee for three months. The Executive Director will monitor for compliance. 	
K 076 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p>		K 076		10/19/2012

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K 076	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure that Medical Gas Storage was properly protected.</p> <p>The findings include:</p> <p>Observation on September 17, 2012 at 2:30 p.m. revealed that the oxygen storage room in the 200 Hall was not protected properly by:</p> <ol style="list-style-type: none"> 1. No 45 minute door. 2. Electrical devices were not positioned 5 feet off of the ground floor. <p>These findings were verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on September 17, 2012.</p>		K 076	<p>K076</p> <ol style="list-style-type: none"> 1. Facility placed a 45 minute door on oxygen storage room. Electrical devices that were not positioned five feet off of the ground floor in the oxygen room were removed. 2. Maintenance director inspected other oxygen storage rooms for 45 minute door and positioning of electrical devices and all were in compliance. 3. The Maintenance Director conducted an educational in-service to the maintenance staff regarding the importance of 45 minute door and positioning of electrical devices in oxygen storage rooms. The Maintenance Director or designee will inspect oxygen rooms monthly for three months to ensure compliance. 4. The maintenance director will report his inspection results to the Quality Assurance Committee for three months. The Executive Director will monitor for compliance. 	